Author's response to reviews

Title: Multisource feedback analysis of pediatric outpatient teaching

Authors:

Mao-Meng Tiao (pc006581@yahoo.com.tw)
Li-Tung Huang (huang_li@pie.com.tw)
Ying-Hsien Huang (yhuang123@yahoo.com.tw)
Kuo-Shu Tang (tang1004@cgmh.org.tw)
Chih-Jen Chen (superarthy@cgmh.org.tw)

Version: 6 Date: 17 October 2013

Author's response to reviews:

Responses:

Dear Editor:
Re: MS: 9454124399247661
Multisource feedback analysis of pediatric outpatient teaching

Thank you for the reports from the reviewers and we are grateful for the opportunity to revise this manuscript. We have carefully revised our article according to the suggestions of the editor. We hope that the revised version is now acceptable for the journal. The modifications we have made are outlined below.

Followings are our responses to the Editor’s critiques and are listed items by items below:

Q1: There is one important exception, though: The way the T-test is performed (page 7, last paragraph) and the results are presented (page 9, last paragraph) is not in accordance with accepted standards. On page 7, the authors indicate they expect students to have lower scores on difficult cases (which seems to me a reasonable hypothesis); yet, they opt to perform a two-tailed (or nondirectional) t-test to test this expectation. This is not in line with good practice, which would demand a one-tailed (or directional) t-test. In addition, on page 9, the results of the t-test are poorly reported: T-statistic and degrees of freedom are not presented.

A:

In page 7 line 11. We rewrote “...the student’s t-test (one-sided)…”

In page 9 lines 14 to page 10 lines 2. We recalculated and rewrote the t-test in one-tailed t-test and sowed the T-statistic and degrees of freedom in the manuscript.

Q2: There is also an additional snag here: Though it is not explicitly stated in the
text, I understand that every student was assessed on one case, and that there were as many cases as students involved in the study (I infer this from the fact that 60 students and 60 family respondents participated). The authors could elucidate this a bit, for it implies that what is assessed are student-patient combinations, rather than student performance (in general, i.e., over a range of cases) per se. To put it more technically, 'student' and 'case' are completely confounded in this study, which is basically also a limitation. In any case, it implies that a t-test for independent groups should be performed (the authors should indicate this).

A:
Thanks for the comments.

We only study the students’ physician-patient communication. We did not study the cases performances.

We rewrote it as in page 7 lines 5-9 with “Our patients included children with respiratory tract infection, liver cirrhosis, and abdominal pain, and those requiring post-operative care. These patients were classified into difficult or common cases evaluated by students after the clinics. The liver cirrhosis cases included hepatitis or biliary atresia with routine follow-up and without complications.”

In Page 9 lines 14 to page 10 lines 2. We rewrote it as “We discarded the students’ self-ratings as input in the t-test for differences between difficult and common cases. There was no significant difference in the overall satisfaction by the other 3 groups’ (family respondents, nurses, research assistant) evaluation between difficult cases and common cases (82.4 ± 13.8 vs. 85.6 ± 13.3, t=1.481, degrees of freedom (df)=172, P = 0.070). Lower scores were obtained in the difficult cases than in the common cases with regard to “student’s attitude” (80.0 ± 14.8 vs. 87.2 ± 13.5, t=3.289, df=172, P = 0.001), and “being open to questions” (79.3 ± 15.2 vs. 86.8 ± 12.8, t=3.451, df=172, P = 0.001).”

Q3: Importantly, the authors test a prediction about the judges’ ratings of the student performance (the student who performs being one of the judges), where whether a case counts as ‘difficult’ or ‘common’ is assessed by these same students (“These cases were classified into difficult or common cases evaluated by students after the clinics”, page 7, lines 6-7). In other words, students’ decision whether a case was difficult or not, might have been influenced by their performance on that particular case. If my description of this procedure is correct, then it would be good practice to discard the students’ self-ratings and use only the ratings of the other four groups (family, teachers, nurses, and researchers) as input to the t-test that tests for differences between difficult and common cases.

A:

In Page 9 lines 14 to page 10 lines 2. We rewrote it as “We discarded the students’ self-ratings as input in the t-test for differences between difficult and common cases. There was no significant difference in the overall satisfaction by the other 3 groups’ (family respondents, nurses, research assistant) evaluation between difficult cases and common cases (82.4 ± 13.8 vs. 85.6 ± 13.3, t=1.481, degrees of freedom (df)=172, P = 0.070). Lower scores were obtained in the
difficult cases than in the common cases with regard to “student’s attitude” (80.0 ± 14.8 vs. 87.2 ± 13.5, t=3.289, df=172, P = 0.001), and “being open to questions” (79.3 ± 15.2 vs. 86.8 ± 12.8, t=3.451, df=172, P = 0.001)."

Q4: Finally, in the abstract, as well as in the main text, at the beginning of the Results-section, the number of participants (=students) should be mentioned, rather than the number of family respondents (methodologically, this is only a detail from this point of view it is identical to the number of cases used in this study).

A:

We rewrote it in abstract results lines 1-4 as “A total of 60 family respondents of the 60 patients completed the questionnaires, 58 (96.7%) of them agreed with the video recording. Two reasons for reluctance were “personal privacy” issues and “simply disagree” with the video recording. The average satisfaction score of the 58 students was 85.1 points,...”

In page 8 lines 13-15. We rewrote it as “A total of 60 family respondents of the 60 patients completed the questionnaires, 58 (96.7%) of them agreed with the video recording and is the source of data included for statistical analysis.”....

In page 9 line 3 we rewrote it as “The average satisfaction score of the 58 medical students was 85.1 points (references...."

We hope that the revised manuscript may now be acceptable for publication in the BMC Medical Education and we look forward to hearing from you soon.

Sincerely yours,

Mao-Meng Tiao, MD
Associate Professor,